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## SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER:					₹:	PAGE 8 / 132								
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	NAME OF COMMITTEE (In Full)																
2	Georgians for Isakson																
Δ.	Full Name (Last, First, Middle Initial) Mr. J. Harris Morgan, ., JR					Date of Receipt											
	Mailing Address PO Box 394  City State Zip Code							07 16 7 2007									
	City		Transaction ID: 70808.C25002  Amount of Each Receipt this Period														
	Camilla	$-\Gamma$															
	FEC ID number of contributing federal political committee.	250.00															
	Name of Employer Thrift Center Pharmacy	Occupation	n	$\dashv$ R	eceipt	t											
	Thrift Center Pharmacy	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)															
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<u> —</u> С.	Full Name (Last, First, Middle Initial) Mr. Donald Leebern, JR				Date o	f R	ece	eipt									
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